



Nebraska Resident Income Tax Return for  
Single and Joint Filers with No Dependents  
for the taxable year January 1, 2006 through December 31, 2006

FORM 1040NS

2006

•Read instructions on  
reverse side  
before completing

PLEASE DO NOT WRITE IN THIS SPACE

Please print if you do not  
use the label.

LABEL HERE	First Name(s) and Initial(s)	Last Name	
	Current Home Address (Number and Street or Rural Route and Box Number)		
	City, Town, or Post Office	State Zip Code	

Please print  
numbers  
carefully as  
shown:

0	1	2	3	4	5	6	7	8	9
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DO NOT TYPE YOUR NUMBERS OR  
LETTERS. DO NOT USE DOLLAR SIGNS.

Your Social Security Number

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Spouse's Social Security Number

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High School District Code:  
(must be entered using high school  
codes beginning on page 17)

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FOLD HERE

ATTACH STATE COPY OF W-2 HERE

ATTACH CHECK OR MONEY ORDER HERE

(2) <input type="checkbox"/> Active Military	(1) <input type="checkbox"/> Deceased Taxpayer	Name: _____	Date of Death: ____/____/____
1 Filing Status (1) <input type="checkbox"/> Single (2) <input type="checkbox"/> Married filing joint		2 Can your parents (or someone else) claim you (or your spouse) on their return? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, check applicable box(es): (1) <input type="checkbox"/> You (2) <input type="checkbox"/> Spouse	
3 Federal adjusted gross income (AGI) from line 4, Federal Form 1040EZ. . . . .		3	
If you entered -0- tax on Federal Form 1040EZ, line 11, skip lines 4 through 8 below. Enter (-0-) on line 9 below, and complete lines 10 through 18. Check box: <input type="checkbox"/>			
4 If you answered <b>No</b> on line 2 above, singles enter 5,130.00, married filers enter 8,580.00. If you answered <b>Yes</b> on line 2 above: Enter the standard deduction from line 5 of worksheet on the back of this form . . . . .		4	
5 Number of personal exemptions. If you answered <b>No</b> on line 2 above, singles enter "1" and married filers enter "2". If you answered <b>Yes</b> on line 2: <b>singles</b> enter "0"; <b>married filers</b> enter "0" if both "You" and the "Spouse" boxes on line 2 are checked, and enter "1" if only one of these boxes is checked. . . . .		5	
6 Tax table income (line 3 minus line 4) . . . . .		6	
7 Nebraska income tax (use the amount on line 6 to find your tax in the Nebraska Tax Table on pages 21-28 of the Nebraska Individual Income Tax Booklet). Enter tax on this line. . . . .		7	
8 Nebraska personal exemption credit (line 5 multiplied by 106.00; if line 5 is -0-, enter -0-) . . . . .		8	
9 <b>TAX</b> (subtract line 8 from line 7. If line 8 is more than line 7, enter -0-). . . . .		9	
10 Nebraska income tax withheld ( <b>attach</b> state copy of Form[s] W-2). . . . .		10	
11 Nebraska earned income credit. Federal credit 98 \$ _____ .00 x .08 (8%). <b>Attach</b> federal return, Form 1040EZ – see instructions . . . . .		11	
12 Add lines 10 and 11. . . . .		12	
13 If line 9 is greater than line 12, subtract line 12 from line 9. This is the <b>AMOUNT YOU OWE</b> . Pay in full with return. If over \$300, you must complete Form 2210N. See instructions . . . . .		13	
14 If line 12 is greater than line 9, subtract line 9 from line 12. This is the amount you <b>OVERPAID</b> . . . . .		14	
15 Nongame and Endangered Species Fund donation of \$1.00 or more . . . . .		15	
16 Nebraska Campaign Finance contribution of \$1.00 or more. . . . .		16	
17 Amount of line 14 to be <b>REFUNDED</b> (line 14 minus total of lines 15 and 16). <b>Allow three months for your refund, but if you file electronically and use Direct Deposit, you could receive your refund in 7-10 days</b> . . . . .		17	

Expecting a Refund? Have it sent directly to your bank account! See instructions

18a Routing Number		18b Type of Account		1 = Checking	2 = Savings
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(Enter 9 digits, first two digits must be 01 through 12, or 21 through 32; use an actual check or savings account number, not a deposit slip)



18c Account Number		(Can be up to 17 characters. Omit hyphens, spaces, and special symbols. Enter from left to right and leave any unused boxes blank.)
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Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to the best of my knowledge and belief, it is correct and complete.

sign here	Your Signature	Date	Signature of Preparer if Other Than Taxpayer	Date
	( )		( )	
	Spouse's Signature (if filing jointly, <b>both</b> must sign)	Daytime Phone	Address	Daytime Phone

Mail refund returns (or returns without payment) to: **NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 98912, LINCOLN, NE 68509-8912**  
Mail returns with payment to: **NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 98934, LINCOLN, NE 68509-8934**

